PERCOM EMS Medical Education Consortium

Clinical Internship Manual
Advanced Level Courses

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AEMT and Paramedic students are required to complete certain field and clinical rotations and turn in paperwork on these rotations and experiences which is signed by preceptors (persons certified or licensed as RN, MD, DO, PA, RT, EMT-I/AEMT, or Paramedic who supervise the student during the patient contact). These experiences must be documented appropriately to successfully complete the course through PERCOM, and all students are responsible for reviewing and complying with all clinical rules and regulations as specified in this document and in the Clinical and Field Rotation Manual that is a part of this document.

First, read the Rules and Regulations specified in the first section of the Clinical Manual. It has specific guidelines that you MUST follow including referring to the guidelines from the Infectious Disease Manual, which you will find in the Resources in your Student Profile at percomonline.com. Students are expected to review all of these guidelines and follow them during rotations. These rules and regulations are designed to protect you and to protect the future of PERCOM students and their ability to continue to be accepted as active participants at designated field and clinical sites.

The process of scheduling students for clinical and field rotations isn't easy and takes time. That is why we advise you to start sending all your clinical and field requirements soon after you enroll into the course. It is **required** that you send your schedule requests at least 30 days in advance, especially for the first request at a specific site. Sometimes, however, it can take up to SIX weeks to schedule your rotations because hospitals and EMS sites don't always get back to us right away. Sometimes it takes multiple phone calls and emails to get even one rotation scheduled. Sometimes we don't get approval until the day before or even the day OF the rotation (if it is scheduled to be later in the day). So PLEASE remember that when you send requests for dates for your rotations, those are dates you are saying you WILL be available and watch for those emails from your Clinical Scheduling person and scheduling posts in Platinum showing that your request is approved and plan accordingly. If you are a week out from a scheduled date and have not heard from the Clinical Coordinator or your requested shift is not posted in platinumplanner.com, email the Clinical Coordinator to check in. And please remember that requests to all sites are just that – "requests" – and PERCOM has no control over the sites to FORCE them to accept the requests or respond in a timely manner despite written and fully executed agreements. We strive to work cooperatively with all sites to help them to be able to offer the best opportunities and experiences to our students without overloading them further but many clinical sites juggle Paramedic students from multiple programs, nursing students, respiratory therapy students, and others in the few available slots where they have preceptors who can oversee students.

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Also, do NOT wait until you are scheduling your Skills Session(s) or afterwards to begin sending in your clinical documents. It is recommended that you submit the Clinical Registration paperwork through the link inside percomcourses.com ALL AT ONE TIME between 30 and 60 days before your first date that you plan to rotate. This requires some judgement and planning on your part. But you cannot send in schedule requests until all of the rotation requirements are correctly submitted and accepted, you are cleared by Clinical Faculty, and you have met all didactic and skills lab requirements. Waiting or delaying submission of these documents and your 10-panel urine drug screen will cause unavoidable delays for you. Please plan accordingly and don't set yourself up to be under the gun to finish before your deadline and making it impossible for the Clinical Faculty to help you meet it. They cannot force sites to respond more quickly, and since many of them require 30 days or more advance notice to even consider the requests, it means you have to plan ahead. **Remember, scheduling requests are just that – "requests".** Even though all sites are required to have a current and valid clinical or field affiliation agreement with the school, it does not mean that they are required to accept or approve every student or every scheduling request. Each site reserves the right to deny a student or request at any time*. **PERCOM will not be held responsible or liable for refusals or denials by the site, state or national licensing or accrediting agencies. Site and state availability may change at any time without notice.***

Students must also undertake and abide by all methods to control the spread of infectious disease during this phase of the program. Students may NOT attend rotations if they have signs/symptoms of possible infectious illness (s/s may include but are no limited to elevated temperature, cough or other signs of lower respiratory infection, signs or symptoms of an upper respiratory infection, nausea, vomiting, diarrhea, general body aches or lethargy not related to a non-infectious diagnosed condition, etc.). Sites may have specific requirements regarding supplies needed to be provided by students for rotations related to the control of infectious disease up to and including producing a certification of successful fit testing of an N95 mask. All requirements by sites for supplies or equipment to be provided for or by students will be purchased by the student and brought to the site to be used as directed and appropriate. PERCOM recommends that students purchase a second uniform shirt, and bring to each rotation site a full uniform change of clothes (as well as street clothes in which to change into following the completion of the shift and before leaving the site), as well as a fluid impervious bag or sack in which to place potentially contaminated clothing, shoes, or other articles. This is for your protection, the protection of the staff at the site, other patients, and even

your family, friends and other bystanders with whom you may come in contact after you leave the site.

Students are expected to behave in a professional manner any time that they are representing PERCOM, including in the rotation environment. Students should be aware that physical appearance plays a huge role in being accepted as a professional. Be sure to arrive for all rotations at least 15 minutes prior to your scheduled shift, in full uniform (including student nametag), clean and pressed, wearing a watch and bearing your own stethoscope. Plan to wear your uniform to ALL sites, even if you might have to change into scrubs at the request of the staff. If this occurs, **remember that the scrubs are the property of the facility and are not to be removed from the facility, as this is theft and is grounds for dismissal from the program.**

Also bring with you a good attitude and demeanor. Good behavior and a positive attitude are expected. Using your rotation opportunities to complain, spread rumors and dissent, or otherwise denigrate PERCOMOnline, Inc., PERCOM EMS Medical Education Consortium, its sites, affiliates, faculty, staff, preceptors, or fellow students is inappropriate and unprofessional and will not be tolerated. There are methods and ways for students to positively work toward resolution of perceived or real conflict or issues and using clinical and field EMS rotation sites and their staff, preceptors or patients as the platform will be viewed as unprofessional behavior and serve as grounds for removal from the site/rotation, being placed on course suspension pending an investigation of the events, and either being placed on probation with a clearly delineated counseling plan to be met or being dropped from the program. **You are expected to function as part of the EMS crew or clinical crew for the day, so you should actively look for ways to help your preceptors with daily responsibilities such as washing the unit, checking out the truck, stocking, changing beds and stretchers, etc.** These activities not only acclimate you to various portions of the job that don't necessarily have to do with direct patient care, but they help you establish rapport with your preceptors so they are more willing to allow you to perform skills and assessments on their patients throughout the shift. **You are also under the direct supervision of EMS or clinical staff during your rotation and must only do what they allow you to do and nothing more. Students are also barred from performing any skill for which a PERCOM designated instructor has not checked them off.** Students are NOT allowed to be in the clinical environments until they have completed their required PRACTICE/TESTING SESSIONS. AEMT students must pass all P1 Skills Practice and Testing, P1 Final Exam, and be signed off on the proficiency sheet by the instructor before they can enter rotations. AEMT students may complete the first minimum 168 hours allocated for the clinical subset for AEMT students after completing and passing P1 Final Exam and the first P1 Practice Session. However, further Paramedic level rotations will

be withheld until the student has passed the P2 Summative Paramedic Final Exam and all Practice and Testing for skills for P2. The Paramedic student must complete ALL other clinical and field requirements before they can complete the final 144 hours of EMS rotations known as Final Field Internship.

All documentation will be done in Platinum Planner and submitted through that system for PERCOM credit. This includes all necessary data entry as well as uploads of hard documents. You must go through the tutorial that is placed in Platinum as well as the documentation tutorial that will be sent to you by the Clinical Coordinator with your initial instructions for scheduling, documenting and attending rotations so that you understand the process for entering information. In case of a malfunction, bring all hardcopy paperwork that we will provide by email or downloaded from inside the percomonline.com website with you that you will need to complete and have signed by your preceptor. However, unless there is equipment or internet malfunction, all rotation paperwork should be completed electronically in Platinum. (The exception is the form entitled PRECEPTOR VERIFICATION FORM, which must be taken in hard copy form and signed by the evaluating preceptor at the end of EVERY rotation. This form must then be uploaded as part of the shift documentation into Platinum. This form will be posted in percomonline.com, distributed by the Clinical Coordinator and/or is contained within this manual.) *Please Note: EVERY shift must be entered as the shift progresses and signed off by the preceptor before they leave at the end of the shift per the policies in the Clinical Manual. If there is paperwork that must be uploaded or other items to finish in the data entry, this is to be submitted NO LATER than 48 hours after the end of the shift. Same goes for corrections on data that is kicked back for correction by our clinical faculty - they will be required to resubmit it within 48 hours. Otherwise, the shift and all contacts and skills done in that shift will be deleted and the student must reschedule the shift.*

To assist you in being able to submit your data and documentation correctly, you MUST watch the video that will be provided by the Clinical Coordinator on basics of data entry and submissions and tips to avoid common pitfalls, as well as READ this manual in its entirety. If you do not submit your data and documentation correctly, it will be returned to you and no credit will be posted until or unless it is corrected. To avoid unnecessary time delays, it is important for students to be diligent, thorough, and accurate when submitting data and paperwork following rotation shifts. Every "i must be dotted and t must be crossed" or the shift may not count so use care while completing this step.

When you arrive for your rotation, we HIGHLY RECOMMEND that you identify your primary preceptor and ensure that the preceptor is listed in the drop-down list for existing preceptors in Platinum. If not, you need to set this up EARLY with

Students are BARRED from staying over the assigned shift times in Platinum unless you are on a call when it is time for you to leave (or in a situation where the EMS crew cannot return to drop you back at the station on time). If either of these two situations occur, you must email the appropriate Clinical Faculty member assigned to check in your paperwork and let them know you had to stay over and why. If you do not do this or stay over for any other reason, your entire shift may be deleted and you will required to repeat the shift.

Ensure that the preceptor signs all appropriate places on your paperwork/data and completes and signs an Evaluation form/data to evaluate your performance. Platinum has a place for your shift data entry for you to select or add your preceptor and his/her contact information (IF THE PRECEPTOR IS NOT ALREADY LISTED IN THE DROP-DOWN MENU OF EXISTING PRECEPTORS). If you are setting up the preceptor for the first time, please explain to the preceptor that evaluations of your shift, contacts, and skills are done using an electronic data system through platinumplanner.com. It is best to pull up the screen to add the preceptor and then ask the preceptor to enter his/her correct name and preferably agency/hospital email address.

Document your contacts and skills throughout the shift but make sure before you and the preceptor leave the site to submit your shift, log out of Platinum, and hand your electronic device to the preceptor with the login screen open. Ask the preceptor to log in (set his/her password if it is the first time) and to review your submission and complete your evaluation BEFORE YOU LEAVE THE SITE!!!! Also have the preceptor read and sign the Preceptor Verification Form. If the preceptor refuses to use the data system, you can utilize your paper evaluation forms but be sure to show your shift submission to the preceptor FIRST so that he/she can verify your entries. *NOTE: YOUR CREDIT WILL BE WITHHELD IF THERE IS NO SUBMISSION OF PRECEPTOR EVALUATION OR SUBMISSION BY YOU OF YOUR EVALUATION OF THE PRECEPTOR AND SITE AND YOU WILL HAVE TO REPEAT THE SHIFT AT A LATER TIME AND DATE! EVALUATIONS ARE MANDATORY!*

Be aware also that Final Field Internship (FFI) has different requirements for data entry and actual paperwork and documentation that must be completed IN ITS ENTIRETY by both you and your preceptor(s) to receive credit. Be sure you have all the necessary paperwork and have thoroughly reviewed all instructions from the Clinical Coordinator prior to starting your first FFI rotation. Also, stay in close touch with the Clinical Coordinator throughout FFI by message in the percomonline.com message system to ensure you are completing the requirements correctly and completely to avoid having to pull more rotations or redo paperwork or data entry to receive credit. You must also have the preceptor sign the Preceptor Verification Form and must upload it for each FFI shift, just as you did for all other rotations. Be sure to email or message the Clinical Coordinator when you think you have completed all rotation requirements for graduation to assist in making sure your final submissions are recognized as such during grading.

Be sure to email or message the Clinical Coordinator when you think you have completed all rotation requirements for graduation to assist in making sure your final submissions are recognized as such during grading.

NOTE: All data and paperwork is graded by the Clinical Coordinator or other designated Clinical Faculty. Your sites and even specific preceptors may be contacted during weekly random audits to verify honesty and integrity of student data/paperwork submissions as well as to assess performance and overall behavior of students during rotations. Complaints, comments, or concerns voiced, entered or written by sites, preceptors, or others with whom you may have come in contact or who may have knowledge of your rotation or your data or paperwork submissions, will be investigated. Based on data entry comparison/verification with sites and preceptors or the results of investigations of complaints, comments or concerns brought to the attention of PERCOM Clinical Faculty, Administration or Medical Director(s), student rotations may be counted as null/void and may have to be repeated for credit. Students may even be removed from the program as a "Fail" based on the nature of the infraction. Forgery or other falsification of documents or data will not be tolerated.

Whatever you do, do NOT remain a wallflower. Experiences will not usually find you; YOU must find them. When you arrive at your rotation site, introduce yourself to the shift leader, chief, or charge nurse. Tell that person that you are an

AEMT or Paramedic student from PERCOM EMS Academy and are scheduled to rotate with their department. Ask them who will be your preceptor. Be sure to

introduce yourself to the preceptor and tell him or her that you are looking for every opportunity to help assess patients, take vital signs, and participate in every learning experience available.

If you are rotating in obstetrics, let the nurse know that you must observe a vaginal delivery so that you may be more prepared to deliver a baby in the field if the need arises and ask her to assist you in gaining access to the delivery room. (Male students typically will have a slightly more difficult time in this area of the hospital gaining experiences and must usually make a large effort to assist the mothers in labor, gain report with the patient and her family, and assist the nurse as much as possible to be able to gain access to a delivery suite. However, ALL students must be pro-active, work closely with the nurses, and interact with the patient and families during the labor process to ensure that you will be allowed into the delivery room. You MUST achieve the minimum numbers of live births and neonatal assessments or you will be required to continue going to L&D rotations until you get them all. This means it is in your best interest to arrive on time or early for your shift, have good personal hygiene, interact professionally and courteously with all nursing personnel and other hospital staff as well as the patients and their families, assist in any way you can, and be sure to describe your objectives and why you are there to those involved. Sometimes it just takes the explanation of the situations that you may be placed in out in the field and the responsibilities you will be required to perform (once you develop the necessary relationships) to open the doors you need so that you can achieve.

You must complete all clinical hours, patient contact requirements and skills requirements in order to graduate as an AEMT certification candidate or to proceed forward into Final Field Internship as a Paramedic student. In Final Field Internship, you must complete the minimum required EMS hours and successful team leads, as well as receive the minimum number of positive/passing preceptor evaluations with all associated paperwork complete for team leads or you will be required to schedule and attend more rotations until all requirements are met. This must be documented in Platinum Planner and other designated paperwork and uploaded to the shift inside Platinum in order to receive credit. If you see that you are running low on a particular skill/contact requirement, inform the Clinical Coordinator (or designee) so that he/she can help ensure that you meet the minimum requirements for graduation. If you do not meet the minimum skills/contacts requirements, you will be required to attend more rotations.

Following the successful completion of all skills practice and testing, final exam, all rotations and Final Field Internship and all associated requirements, you will be required to take and pass your summative Paramedic Scenario Graduate Exam/Interview with a member of the Medical Director's team. You should contact the Program Director when you have scheduled your last rotation for Final Field

Internship with the date of that last rotation so that you can be included on the next list for interviews. Those days are based around physician availability and may require that you adjust your schedule accordingly. Interviews are usually administered once a month, and graduate candidates MUST pass this interview within two attempts to pass the program.

Once you have successfully passed the Paramedic Scenario Graduate Exam/Interview, you will enter the process for graduation as a Paramedic and to be marked clear to test NREMT-Paramedic for certification purposes. Be aware that this process can take up to two weeks from the date that the final requirement is marked as "met".

These clinical and field rotations will be what YOU make of them; you should strive to be personable and motivated, so that you can gain as much experience as possible during your limited time in these sites.

REQUIRED ROTATIONS

Review the Chart below which delineates what rotations will be required for you to complete this course. If you have questions, please e-mail them to the clinical Liaison. These rotations and experiences are mandatory for course completion and some students may have to attend more rotations than others before gaining the minimum patient contacts and experiences. THESE HOURS AND REQUIREMENTS BELOW ARE A "SUBSET" OF THE OVERALL PARAMEDIC ROTATION REQUIREMENTS IN OUR PROGRAM. You do not have to repeat all of these requirements again if you are continuing on to P2 while completing AEMT rotations if you choose to certify as an AEMT with NREMT, or if you choose to return to complete Paramedic at a later time and within 1 year of graduating from AEMT.

PERCOM Clinical Faculty reserves the right to allow some substitution of hours from EMS to other clinical/hospital departments. However, this is only for special situations and exceptions when the student has attempted to complete those clinical/hospital hours through affiliated sites or if sites are reduced, restricted or unavailable as per the judgment of the Clinical Coordinator. Students MUST be willing to travel to sites that are available and within reason but, if the student is unable to complete all departments, contacts, assessments or skills within reasonable scheduled hours at those sites, the Clinical Coordinator may choose to substitute HOURS from EMS rotation overages by the student. No substitutions can be made, however, for patient ages, conditions, assessments or skills. All pediatric minimum rotation assessments must be completed on "live" children of the appropriate ages with some sort of pathology and may not be simulated, per accreditation policies. The non-completed contacts and skills may be completed during EMS rotations but if the student is not able to achieve these during those hours, more hours will be required or other acceptable options may be discussed with the Medical Director for individual approval.

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AEMT

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Hours Required: **EMS – 72 Hours (and 10 transports BLS or ALS)**
Hospital ER – 56 Hours Hospital
***OB or alternate location – 8 Hours**
***Hospital OR or alternate location – 8 Hours**

Total Required Hours – 144 Hours

*Note: PERCOM Clinical Faculty reserves the right to allow some substitution of hours from EMS to other clinical/hospital departments. However, this is only for special situations and exceptions when the student has attempted to complete those

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clinical/hospital hours through affiliated sites or if sites are reduced, restricted or unavailable as per the judgment of the Clinical Coordinator. Students MUST be willing to travel to sites that are available and within reason but, if the student is unable to complete all departments, contacts, assessments or skills within reasonable scheduled hours at those sites, the Clinical Coordinator may choose to substitute HOURS from EMS rotation overages by the student. No substitutions can be made, however, for patient ages, conditions, assessments or skills. All pediatric minimum rotation assessments must be completed on "live" children of the appropriate ages with some sort of pathology and may not be simulated, per accreditation policies. The non-completed contacts and skills may be completed during EMS rotations but if the student is not able to achieve these during those hours, more hours will be required or other acceptable options may be discussed with the Medical Director for individual approval.

Contacts Required: **EMS – Fifteen (15) EMS transports, Five (5) must be advanced transports**

Contacts are divided into contact type categories as well as specific age groups. One patient contact can meet various requirements. For example: A 72-year-old patient who is having chest pain counts as both Geriatric and Chest Pain/Medical. To carry this a little further, if this patient's mental status was altered, you can count that category as well.

Some skills are completed in Scenario/SIMS labs during the "skills" phase of the program and credited. Please note that skills or Contacts noted as (sim) do not mean that the student should not attempt to seek to assess these sorts of patients or perform these skills on live patients in the clinical or EMS rotation setting. Students should attempt to perform as many of these skills or contact as many of these patient conditions/ages as possible over and above the minimums to increase knowledge and competency.

Medical Patient Contacts – - 55 total from below categories:

> -Obstetric Delivery with Normal Newborn Care –   2 (sim)
> -Distressed Neonate (0 to 30 days old) – 1 distressed neonate sim following difficult delivery scenario AND 2 live contacts (can be sim)
> -Complicated Obstetric Delivery – 2 SIM required (1 prolapsed cord and 1 breach)
> -Obstetric Delivery Normal or Complicated –   2 (sim with little or no assistance by preceptors)
> -Normal Child Birth with Newborn Care – 2 (sim)
> -Cardiac Pathologies or Complaints – -1 cardiac related chest pain sim AND 9 live contacts
> -Cardiac Arrest – 1 (sim)
> -Perform Chest Compressions – Adult 2 (sim), Pediatric 1 (sim), and Neonate 1 (sim)
> -Respiratory Pathologies or Complaints - 1 pediatric and 1 geriatric sim AND 6 live contacts

-Psychiatric/Behavioral – 1 SIM required AND 9 live patients
- Medical Neurological Pathologies or Complaints – - 1 geriatric stroke sim AND 6 live contacts
-Adult Acute Abdominal Pain – 1 sim
-Adult Anaphylaxis – 1 sim
-Pediatric Anaphylaxis – 1 sim
Adult Shock (Medical/Cardiac) – 1 sim

Trauma Patient Contacts – - **1 Adult and 1 Pediatric SIM required AND 8 live patients**

Of ALL Contacts between Medical and Trauma Categories must have at least:

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Adolescent (- 13-- 19 yo) Contacts – 1
School-Age (6-12 yo) Contacts – 1
Preschool (3-- 5 yo) Contacts – 1
Toddler (1- 2 yo) Contact - 1
Infant (- 1 mo – 12 mo) Contacts – 1
Neonate (- birth to 30 days) Contacts – 1
TOTAL Pediatric Contacts with Pathologies/Complaints – 10
TOTAL Adult Contacts with Pathologies/Complaints – 20
TOTAL Geriatric Contacts with Pathologies/Complaints – 6

Remaining Contacts can be Adult or Any Age.

Skills Required:

Successful IV administration – 10
Intraosseous Infusion – 2 (sim)
Successful blood draw – 10 times
O2 Administration – 1
Glucometer - 2
Direct Orotracheal Intubation Adult – 10 (sim)
Endotracheal Suctioning – 2 (sim)
FBAO Removal with McGill Forceps (Adult) – 2 (sim)
FBAO Removal with McGill Forceps (Pedi) – 2 (sim)
Supraglottic Airway Insertion – 10 (sim)
PPV Ventilations performed – 10 (sim)
CPAP/PEEP – 1
Cricothyrotomy (needle and surgical) – 4 (sim)
Pleural Decompression 2 (sim)

Medication admin. – TOTAL - 8 (to include following minimums):
IV Bolus Med –5
IM/SQ Med – 2 total (1 minimum must be IM)
Inhaled Med – 1

You should arrive for your rotation at least 15 minutes early. Take hard copy clinical documentation paperwork with you as well as your tablet PC, complete data entry and all evaluations prior to leaving the site, and If the tablet PC or internet fails, complete all hard copy paperwork and have the preceptor sign in all appropriate places. Do not forget to also get the Preceptor Verification Form signed on all rotations even if you use Platinum or you will NOT receive credit for the rotation or any of its experiences. This is MANDATORY!

Note: These hours are TOTAL and include the Subset for students who chose to test AEMT or enrolled as AEMT. AEMT hours for students who did not attend PERCOM may have some or ALL of the below hours, contacts and skills credited depending on their submitted documentation.

Hours Required: **EMS – -420 Hours AND minimum 30 transports (minimum 144 hours in Final Field Internship)**
Hospital ER – - 148 Hours
***Hospital OB or alternative location – 8 Hours**
***Hospital OR or alternate location – 8 Hours**

     Total Required Hours – – 584 Hours

*Note: PERCOM Clinical Faculty reserves the right to allow some substitution of hours from EMS to other clinical/hospital departments. However, this is only for special situations and exceptions when the student has attempted to complete those clinical/hospital hours through affiliated sites or if sites are reduced, restricted or unavailable as per the judgment of the Clinical Coordinator. Students MUST be willing to travel to sites that are available and within reason but, if the student is unable to complete all departments, contacts, assessments or skills within reasonable scheduled hours at those sites, the Clinical Coordinator may choose to substitute HOURS from EMS rotation overages by the student. No substitutions can be made, however, for patient ages, conditions, assessments or skills. All pediatric minimum rotation assessments must be completed on "live" children of the appropriate ages with some sort of pathology and may not be simulated, per accreditation policies. The non-completed contacts and skills may be completed during EMS rotations but if the student is not able to achieve these during those hours, more hours will be required or other acceptable options may be discussed with the Medical Director for individual approval.

Contacts Required: **EMS – Thirty (30) EMS transports for EMS Field Experience (PRIOR to Final Field Internship). Ten (10) must be advanced transports (PRIOR to Final Field Internship).**

Contacts are divided into contact type categories as well as specific age groups. One patient contact can meet various requirements. For example: A 72-year-old patient who is having chest pain counts as both Geriatric and Chest Pain/Medical. To carry this a little further, if this patient's mental status was altered, you can count that category as well.

Some skills are completed in Scenario/SIMS labs during the "skills" phase of the program and credited. Please note that skills or Contacts noted as (sim) do not mean that the student should not attempt to seek to assess these sorts of patients or perform these skills

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on live patients in the clinical or EMS rotation setting. Students should attempt to perform as many of these skills or contact as many of these patient conditions/ages as possible over and above the minimums to increase knowledge and competency.

Medical Patient Contacts – – 123 contacts/assessments total from below categories

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-Obstetric Delivery with Normal Newborn Care – 2 (sim)
-Distressed Neonate (0 to 30 days old) – 1 distressed neonate sim following difficult delivery scenario AND 2 live contacts (can be sim with little or no assistance by preceptors)
-Complicated Obstetric Delivery – 2 SIM required (1 prolapsed cord and 1 breach) AND 2 live contacts (can be sim but must also must assess and count OB assessments)
-Obstetric Delivery Normal or Complicated – 2 (sim with little or no assistance by preceptors)
-Cardiac Pathologies or Complaints – 1 cardiac related chest pain sim AND 18 live contacts with last 6 little or no assistance by preceptors
-Cardiac Rhythm Disturbance – Bradycardia (Adult) – 1 sim
-Cardiac Rhythm Disturbance – Bradycardia (Pedi) – 1 sim
-Cardiac Rhythm Disturbance – STEMI Right Ventricular Infarct – 1 sim
-Cardiac Rhythm Disturbance – Torsades – 1 sim
-Cardiac Rhythm Disturbance – Unstable Ventricular Tachycardia (Adult/Geriatric) – 1 sim
-Cardiac Rhythm Disturbance – Unstable Ventricular Tachycardia (Pedi) – 1 sim
-Cardiac Dysrhythmias – 16 total with last 6 being with little or no assistance by preceptors
-Cardiac Arrest – 1 arrest sim AND 2 live contacts (can be sim) AND 1 live contact (can be sim with little or no assistance by preceptors)
-Respiratory Pathologies or Complaints -   1 pediatric and 1 geriatric sim AND 12 live contacts with last 4 being with little or no assistance by preceptors
-Psychiatric/Behavioral – 1 SIM required AND 18 live patients total with last 6 contacts being little or no assistance by preceptors
- Medical Neurological Pathologies or Complaints – - 1 geriatric stroke sim AND 12 live contacts with last 4 being with little or no assistance by preceptors
-Acute Pain Crisis - 1 sim
-Adult Acute Abdominal Pain – 1 sim
-Adult Abdominal Pain (AAA) – 1 sim
-Adult Anaphylaxis – 1 sim
-Adult Shock (Medical/Cardiac) – 1 sim
-Diabetic Emergency (Adult/Geriatric) – 1 sim
-Diabetic Emergency (Pedi) – 1 sim
-Neurological Emergency – 1 sim
-Non-Cardiac Related Chest Pain – 1 sim
Pedi Anaphylaxis – 1 sim
-Other Medical Conditions or Complaints – 1 geriatric sepsis sim AND 12 live contacts with last 6 being with little or no assistance by preceptors

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Trauma Patient Contacts – - 1 Adult and 1 Pediatric SIM required AND 27 live patients with final 9 contacts being little or no assistance by preceptors

Of ALL - Contacts between Medical and Trauma Categories must have at least:

Adolescent (- 13-- 19 yo) Contacts – 2
School-Age (6-12 yo) Contacts – 2
Preschool (3-- 5 yo) Contacts – 2
Toddler (1- 2 yo) Contact - 2
Infant (- 1 mo – 12 mo) Contacts – 2
Neonate (- birth to 30 days) Contacts – 2
TOTAL Pediatric Contacts with Pathologies/Complaints – 30 with last 15 being with little or no assistance by preceptors
TOTAL Adult Contacts with Pathologies/Complaints – 60 with last 30 being with little or no assistance by preceptors
TOTAL Geriatric Contacts with Pathologies/Complaints – 18 with last 9 being with little or no assistance by preceptors

Remaining Contacts can be Adult or Any Age.

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Skills Required:	**Successful IV administration – 40 times and success rate must be 80+%**
	Intraosseous Infusion – 2 (sim)
	Successful blood draw – 20 times
	O2 Administration – 2
	Glucometer – 2
	Direct Orotracheal Intubation Adult –10 and success rate must be 90+% (sim)
	Endotracheal Suctioning – 2 (sim)
	FBAO Removal with McGill Forceps (Adult) – 2 (sim)
	FBAO Removal with McGill Forceps (Pedi) – 2 (sim)
	Supraglottic Airway Insertion – 10 (sim)
	PPV Ventilations performed –10 times (sim)
	Cricothyrotomy (needle and surgical) – 4 (sim)
	Pleural Decompression 2 (sim)
	Medication admin. – TOTAL - 20 times (to include following minimums):
	IV Bolus Med – 20 and success rate must be 95+%
	IM/SQ Med – - 4 total (2 minimum must be IM)
	Inhaled Med – 2
	IVPBD – 2 (sim)
	12 Lead ECG Application – 20 times
	12 Lead ECG Interpretation: Not normal sinus rhythm – 10 times
	Defibrillation – 2 (sim)
	Synchronized Cardioversion – 2 (sim)
	Transcutaneous Pacing – 2 (sim)
	Chest Compressions – 2 (sim)

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Final Field Internship: **25 SUCCESSFUL Team Leads**
                        NOTE: Paramedic students may NOT start Final Field Internship until ALL other rotations, contacts and skills requirements above are completed, the student is Cleared by the Clinical Coordinator, and after having received correct Paperwork and instructions for this final rotation phase.

Per accreditation standards, for a "Team Lead" to count, the Paramedic student's preceptor must grade it as a "successful" Teal Lead, and the student must accompany the transport team to a higher level of care and function as a Team Leader. This is usually transport to the hospital but could include transport to a landing zone to meet aeromedical IF advanced level patient care was administered by the ground EMS team with the student as Team Leader. It could also include a resuscitation worked on scene with termination IF an advanced or alternative airway and electrical and pharmacological interventions were administered with the student as Team Leader. Final determination of whether the call will count as a "Team Lead" rests with the Clinical Coordinator.

You should arrive for your rotation at least 15 minutes early. Take hard copy clinical documentation paperwork with you as well as your tablet PC, complete data entry and all evaluations prior to leaving the site, and If the tablet PC or internet fails, complete all hard copy paperwork and have the preceptor sign in all appropriate places. Do not forget to also get the Preceptor Verification Form signed on all rotations even if you use Platinum or you will NOT receive credit for the rotation or any of its experiences. This is MANDATORY!

Instructions for Completing
Clinical Paperwork

ALL students are required to do computerized data entry using the approved electronic data entry/charting system, Platinum Planner. If the student chooses to be enrolled in one of PERCOM's approved alternate clinical programs, that program may utilize FISDAP or other systems, and all charges for these other systems will be incurred and paid by the student to the approved alternate clinical program. In those instances, the student is required to use the system made available by that program if enrolled and will also still be responsible for entering all shift data into Platinum following the shift for proper tracking by PERCOM's Clinical Coordinator or designee.

PERCOM students will be supplied with hard copy paperwork by the Clinical Coordinator or designee that can be utilized to assist in documentation or in the event that the tablet PC or internet fails during the rotation. **However, this paperwork will not be used INSTEAD of the electronic charting through Platinum Planner.** In fact, students are expected to take either their own or a PERCOM loaned tablet PC with internet access to each rotation and document throughout the shift. At the end of the rotation, the system will allow the student to choose or add preceptors. The system also allows the student to complete site and preceptor evaluations. ALL data must be correctly entered including student evaluations for the student to receive credit for the shift, skills and patient contacts. THIS MEANS THAT YOU MUST COMPLETE YOUR PAPERWORK BEFORE THE END OF YOUR SHIFT AND BEFORE YOUR PRECEPTOR LEAVES HIS/HER SHIFT, SUBMIT YOUR PAPERWORK, OPEN UP A WEB BROWSER AND NAVIGATE TO PLATINUMPLANNER.COM, AND ASK YOUR PRECEPTOR TO SIGN IN AND COMPLETE THE PRECEPTOR EVALUATION ON YOU AND SUBMIT IT. THE PRECEPTOR SHOULD BE ADVISED TO THEN LOG OUT AND HAND THE PC BACK TO YOU. ASSURE THE PRECEPTOR THAT THIS ASSURES THE EVALUATION IS NOT SEEN BY YOU DIRECTLY AND THAT YOU MUST HAVE THE EVALUATION OR YOU WILL LOSE CREDIT FOR THE SHIFT, CONTACTS, SKILLS, ETC THAT YOU JUST COMPLETED. Hard copy paperwork used in the event of equipment or internet failure must be completed and signed, **all evaluations completed** and signed and then the data entered following the shift with the hard copy paperwork uploaded as attachments to the shift inside Platinum Planner. (NOTE: Students who accept the loaned tablet PC from PERCOM must sign and return a usage and

return agreement prior to receiving and using the tablet PC. The student will be bound by the provisions set out in that agreement whether or not the student signs or returns the agreement if he/she accepts a PERCOM tablet PC. Students should be aware that extraneous or unauthorized use, unauthorized charges and fees, and/or lack of return of the tablet PC in usable and unaltered condition will require that the student pay for the charges, damages, or the tablet PC itself before being cleared for graduation. PERCOM will hold no liability if the student uses the tablet PC for illegal purposes and will report, comply with legal proceedings and/or contact law enforcement or other authorities as indicated based on the nature of the infraction. Illegal or unauthorized use of the tablet PC can result in expulsion of the student from the program.)

Students will receive an "invite" email during the lock and confirmation process for his/her first upcoming Skills Session. Students are barred from attending any rotations unless the Skills Session/Testing Session is successfully completed following successful completion of the course Final Exam. Once the student receives the "invite" email for Platinum Planner, he/she should read it carefully and follow instructions closely to request to be added to the correct EMT course and then to select the correct skills labs and clinical and field rotation classes. If the student fails to follow the instructions in the "invite" email, he/she will be unable to schedule or attend any rotations until it is completed and the Clinical Coordinator (or designee) schedules the rotations inside the Platinum system.

NOTE: Paramedic students should be aware that they will NOT be cleared to start Final Field Internship rotations until all other clinical and field requirements, patient contacts/ages, and skills are completed and properly denoted in Platinum Planner. When they are cleared for FFI, the students will receive more instructions in email form or otherwise at that time and will also be required to complete hard copy paperwork over and above what is required for data entry in Platinum that must be completed and uploaded inside the Platinum system for each shift until all is completed and marked satisfactory by the Clinical Coordinator (or designee). This means that students may perceive that they have completed all requirements but once grading is in based on the data entry and documents uploaded, the Clinical Coordinator (or designee) may either return the documentation/date to the student to edit or direct the student to complete more rotations to finish the requirements. NO student will be cleared for the Paramedic Graduate Interview until all requirements are met in Final Field Internship and graded as completed by the Clinical Coordinator (or designee).

The following clips show what the Platinum system looks like upon successful login. Any shifts for hospital or EMS rotations scheduled correctly will show up under the Current Schedule section of the page.
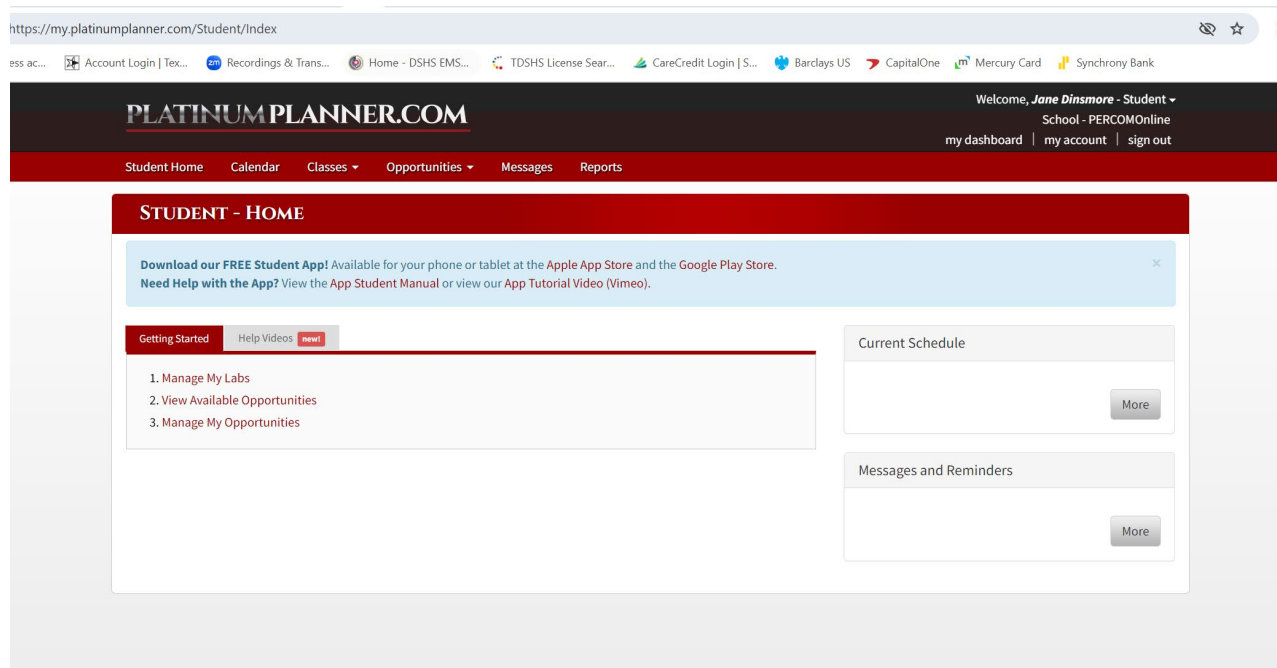
During the rotation, the student should click on "Opportunities" in the top toolbar and then "My Opportunities" to go to the screen to enter documentation for the shift. The next clip shows what the following screen should look like. The "Upcoming" tab will show all shifts coming up. For data entry for a current shift, the student will need to click on the tab for "Ready to Document". Then a list will appear of all shifts needing documentation, as in the example below.
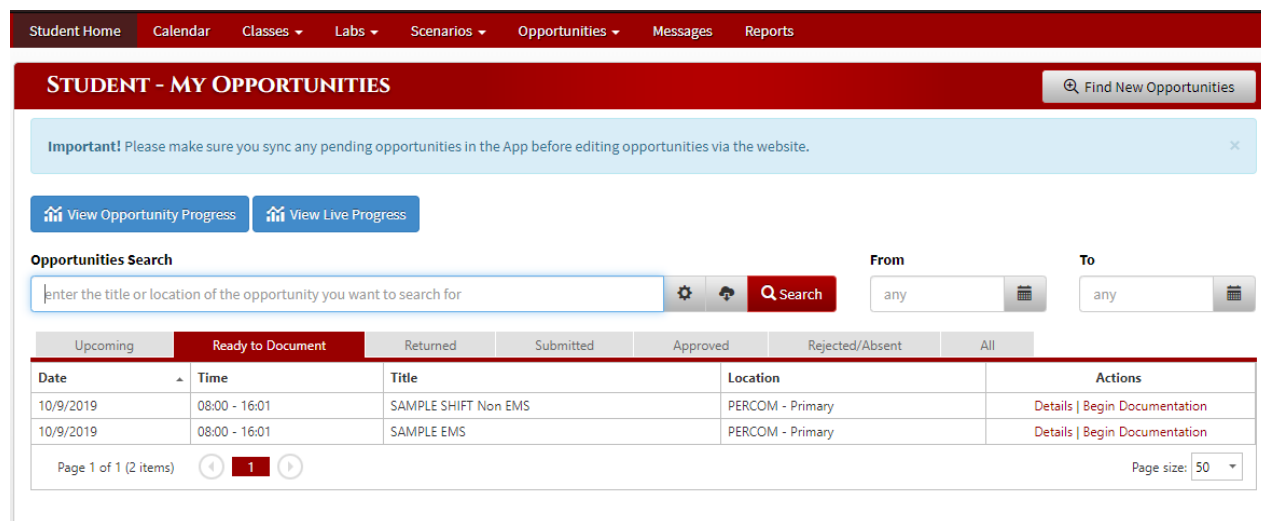
The next step is to click the "Begin Documentation" red link for the correct shift to start the data entry process. The below screen clip shows what the student will see next.

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The first button is an Overview of the shift and before you submit, you can click o this button and scroll down the page to verify that you have uploaded documents and patients correctly before submitting.

The "I" button is for basic shift info and has two tabs. The first tab is where you will enter your preceptor (use the drop down or add the preceptor information as NEW if not in the drop down list), your actual start time for the shift and time you left, and any notes you wish to add to the chart about your attendance. Tab 2 allows you to enter in break times, if any are given and taken during your shift. This is usually more applicable to hospital shifts and should only be entered if you take more time than the standard 15-minute morning and 15-minute afternoon break and more than 30 minutes for a meal break. It WILL deduct from your overall shift time if entered so should be reserved for unusual breaks. See the screen clip below.

The "P" button is where you will enter all your patient contact and skills information. Most skills are typically matched to a patient. However, some are available under the first button on the right side of the screen that are not necessarily matched to patients you are assessing and caring for in general. Familiarize yourself with what is under these buttons at the beginning of your shift and be sure when you enter skills or patient data and skills that you mark ALL items that are applicable. For instance, in the sample clip below, after clicking on Add Patient, we have entered in the applicable logistical information about the patient at the top. We have selected "Live" from one drop down menu and the matching initial patient chief complaint or presenting problem from the other drop down. In the narrative box, for hospital we typed a brief narrative of the patient contact. Then in the drop-down menus below, we selected the skills we participated in/performed and clicked the Successful or Attempted or Observed button as appropriate before selecting the next skill. Be sure to mark

"Successful" if you performed the skill, not "Observed". If you attempted but it
an unsuccessful attempt, click "Attempt". When all information is entered, click
the "Save" button at the bottom of the entry. This will list it as one entry on the
"P" screen behind this box. If you remember later something you forgot to enter
(but before submitting the shift to the Clinical Coordinator), there will be an Edit
Patient button to the right of each entry. Continue entering patients as you go
until you have completed all data entry. Screen clips are below.

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Next on the left side is the "F" button for Forms. Click here at the end of the shift and click on the down arrow to enter your site/preceptor evaluation. Screen clips below.

The "D" button is for Documents. This is where you will click to obtain your Patient Care Report (PCR) to complete for all EMS runs. It is an Adobe fillable form so you can fill it out electronically, save it to your tablet PC or computer, and then upload it back into documents using the upload feature. (Once it is uploaded, be sure to DELETE the document from the tablet PC memory if using a PERCOM tablet.) This is also where you will upload your ECG strips (for Paramedic students) and any other applicable documentation for your patient

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encounter.

Finally, the "S" button is where you will submit the shift data when you have completed the shift and all data entry. There is a data entry box on this page where you can type information you wish to relay to the Clinical Coordinator if needed. Be SURE your preceptor uses a finger or a touch pen (if you have one for your electronic device) to sign for your attendance or you WILL NOT receive credit. This, and the subsequent "successful" preceptor evaluation of your performance step addressed in earlier pages of this manual are MANDATORY if you wish to get credit for your hours and skills entered.

NOTE: The Platinum Planner system will log you out after several minutes

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of no activity. So, to prevent loss of data, it is best to be sure to enter all data for each patient at one time and click Save New Patient. If you are interrupted and must stop data entry prior to finishing that patient contact data entry, click "Save New Patient" and the system has an "edit" button that will appear on the patient contact list to allow you to go back in and add or edit the information.

NOTE: Once the Submit Clinical button is clicked and data is successfully submitted, the student will no longer be able to edit any of the shift information unless the Clinical Coordinator (or designee) returns the shift to the student for editing or correction purposes.

Clinical Documentation is a teaching/learning experience. Feedback will be given on your PCR documentation. For this reason, Clinical paperwork must be submitted ASAP after completing the shift. This allows for adequate review time and feedback. If there are any issues with submitting paperwork/data, contact the Clinical Coordinator.

Clinical and field rotations can be a fun and even exhilarating experience. Please try to relax and enjoy the opportunity to learn from these opportunities. We want you to learn everything possible during the short exposure you will have, so please seek out opportunities while at these hospital and field sites. If you have any problems, please contact the Clinical Coordinator (or designee) by email. If it is an emergency situation, attempt to contact the Clinical Coordinator (or designee) immediately. For emergencies ONLY, you may call the Clinical Coordinator at 903/407-1563. If it is not an emergency, please use the Clinical Coordinator email address – clinicalcoordinator@percomonline.com . If you cannot contact the Clinical Coordinator (or designee) regarding an **EMERGENCY** clinical situation, please contact Jane Dinsmore at 325-267-6749.

PERCOM EMS MEDICAL EDUCATION CONSORTIUM

Clinical/Internship Student Manual

AEMT/Paramedic

CLINICAL/INTERNSHIP RULES:

ALL AMBULANCE RUNS, **INCLUDING ROUTINE TRANSPORTS AND NO TRANSPORTS,** MUST BE WRITTEN UP, JUST AS YOU WOULD IF YOU WERE ACTUALLY AN EMS EMPLOYEE.

NO AMBULANCE INTERNSHIP PATIENT CONTACTS MAY BE DONE WHILE AT WORK UNLESS YOU ARE IN 3RD RIDER STATUS WITH A PRECEPTOR. ALL AMBULANCE INTERNSHIPS MUST BE DONE AS THIRD RIDER IN THE PATIENT COMPARTMENT. SKILLS OPPORTUNITIES ON DUTY MAY RECEIVE CREDIT WITH PRIOR APPROVAL. STUDENT IS PROHIBITED FROM DRIVING.

Student shall not initiate or direct patient care except for the Final Field Internship. Student will perform only those specific tasks delegated by preceptors. Student will not perform any action that exceeds those permitted by the Clinical/Internship objectives.

Students will not attend any clinical or internship experience for which they are not signed up in the Platinum Planner scheduling system unless otherwise authorized by the Clinical Coordinator, instructor or the Course Coordinator. **Students may not attend rotations without being in designated school uniform, wearing school nametag, or without a tablet PC or other electronic device for data entry and hard copies of all clinical paperwork in case the internet or electronic device fails during the rotation. If you have a scheduled rotation coming up within 1 week and have not received your uniform shirt(s) and nametag or your shift is not listed in PlatinumPlanner, contact the Clinical Coordinator immediately**. Student Schedules will be made available inside the Platinum system. *No student is allowed to become part of the minimum "staffing requirements" for an EMS service or during an EMS or Fire response while in rotation/student capacity. Students MUST function in that capacity when scheduled or for credit under the auspices of a designated preceptor at all times.* Any student that attends a rotation not scheduled in the Platinum system may be expelled from the program.

Student shall study Clinical and ambulance objectives and become familiar with them. **Student MUST carry the Clinical Manual and Objectives at all times during clinical and internship.** Students who perform activities not authorized by the objectives for the experience involved do so without authority and beyond the scope and purpose of training and are **solely and personally responsible for such acts.** Students who violate state regulations may be dropped from the course with a failing grade. PERCOM and its instructors are not responsible for such acts.

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Students must sign up for clinical and ambulance times through the Clinical Coordinator (or designee) or other designated route, if approved by the Clinical Coordinator. Students shall arrive on time for all scheduled rotations and must **notify the Clinical Coordinator (or designee)** by email a minimum of 48 hours in advance of missing a rotation. A fine of $51.50 will be paid for each "missed" rotation. (See "No Show" Policy in your Student Handbook.)

Students found sleeping during clinical rotations may be dismissed from the course. Breaks of not more than 15 minutes for each hour of clinical time may be taken. Students who are absent from the clinical area for longer periods of time may be disciplined or dismissed from the course.

Students must complete all clinical, internship, and skills requirements by the due date. Clinical and Internship documentation that is incomplete or not correctly entered into the Platinum Planner system will not be counted toward the minimum required number of patient reports, contact types/ages, or skills. Students with incomplete Clinical/ Internship records will receive the course grade of "Fail" if not corrected prior to the course deadline or extended deadline. Applications for extension to the deadline will be made in writing to the Program Director and will be evaluated on an individual basis. Extensions will ONLY be granted in cases of unusual or extenuating circumstances and Extension Fees will apply in most cases. The decision is entirely up to the Program Director and will not be automatically granted for any reason.

Students must learn and follow all rules set forth by clinical and ambulance providers. Rules may vary concerning the number of students and level of students allowed on an ambulance or at a clinical site at any one time. Students must comply with rules that are announced by instructors and Clinical Coordinator (or designee). Students should report any incidents or difficulties with clinical or ambulance preceptors or otherwise immediately to the Clinical Coordinator (or designee) by email as soon as possible following the incident. If the situation is URGENT, the student should call the Clinical Coordinator at 903/407-1563. However, contacting the Clinical Coordinator by telephone rather than email should be reserved for urgent or emergent situations requiring a more immediate response or assistance. **A student who is barred from any Clinical /Internship site by the Clinical /Internship provider may be dropped from the course with an overall grade of "Fail". Further disciplinary action or reports to appropriate agencies may apply. Refer to the Student Handbook for further information.**

INFECTIOUS DISEASE CONTROL: PLEASE REFER TO THE STUDENT MANUAL FOR INFECTION CONTROL AND EXPOSURE POLICY AND PROCEDURES.

ALCOHOL AND DRUG POLICY:

Consumption of alcohol and drugs is inconsistent with a good learning experience. Students who come to class or attend rotations after having ingested alcoholic beverages will be required to leave class, and an unexcused absence will be recorded. Students will not drink alcoholic beverages while performing clinical or internship experiences; nor within a period of 8 hours prior to such experiences; or at any time or place when wearing the PERCOM EMS Academy uniform. Students shall not perform clinical or internship experiences while under the influence of any drug that impairs performance, whether such drug be prescription or over-the-counter. Students shall not be under the influence of any illegal drug. Any instructor who has reason to believe that a student is under the influence during class or during clinical or internship experiences may require that the student submit to a blood or urine test at the student's expense. Refusal to submit to a required alcohol or drug test will result in dismissal from the program with the grade of "Fail". If it is determined that a student is under the influence of alcohol and/or drugs during class or a clinical or internship experience, the student may either be required to receive counseling or be dropped from the program as determined by the Course Coordinator. Violation of drug and alcohol policy may result in dismissal from the program and an overall grade of "Fail" assigned to the course.

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AEMT CLINICAL OBJECTIVES

1.0   Infection control and safety
    1.1   Demonstrate safe methods for lifting and moving patients in emergency and non- emergency situations.
    1.2   Demonstrate the proper procedures to take for personal protection from disease.
    1.3   Demonstrate the use of protective equipment appropriate to the environment and scene.
    1.4   Demonstrate the ability to comply with body substance isolation guidelines.
    1.5   Demonstrate the donning and doffing of appropriate PPE.
    1.6   Demonstrate how to safely place a patient in, and remove a patient from, an ambulance.

2.0   Venous Access and Medication Administration
    2.1   Demonstrate cannulation of peripheral or external jugular veins.
    2.2   Demonstrate intraosseous needle placement and infusion.
    2.3   Demonstrate clean technique during medication administration.
    2.4   Demonstrate administration of meds via the following routes:
        2.4.1   Oral/Sublingual
        2.4.2   Inhalation
        2.4.3   IVP
    2.5   Demonstrate preparation and techniques for obtaining a blood sample.
    2.6   Demonstrate proper disposal of contaminated items and sharps.

3.0   Airway Management and Ventilation
    3.1   Perform body substance isolation procedures during basic airway management, advanced airway management, and ventilation.
    3.2   Perform pulse oximetry.
    3.3   Perform end-tidal CO_2 detection.
    3.4   Perform manual airway maneuvers
    3.5   Perform manual airway maneuvers for pediatric patients.
    3.6   Perform complete airway obstruction maneuvers.
    3.7   Demonstrate suctioning the upper airway.
    3.8   Perform tracheobronchial suctioning in the intubated patient.
    3.9   Demonstrate insertion of an oropharyngeal airway.
    3.10   Demonstrate insertion of a nasopharyngeal airway.
    3.11   Demonstrate ventilating a patient.

    3.12   Perform oxygen delivery with an oxygen cylinder and various delivery devices.
    3.13   Perform endotracheal intubation.
    3.14   Perform assessment to confirm correct placement of the endotracheal tube.
    3.15   Adequately secure an endo-tracheal tube.
    3.16   Perform extubation.
    3.17   Perform insertion of a supraglottic airway.
    3.18   Perform assessment to confirm correct placement of a supraglottic airway.

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4.0   Patient Assessment
    4.1   Demonstrate the skills involved in performing each phase of the patient assessment skill.
    4.2   Demonstrate a caring attitude when performing physical examination skills.
    4.3   Demonstrate proficiency in the assessment of vital signs.
    4.4   Perform assessments on each of the following patient contact types:
       • 4.4.1   OB
       • 4.4.2   Newborn
       • 4.4.3   Chest Pain
       • 4.4.4   Respiratory Distress/Failure
       • 4.4.5   Psychiatric/Behavioral
       • 4.4.6   Altered Mental Status
       • 4.4.7   Stroke/TIA
       • 4.4.8   Abdominal Pain
       • 4.4.9   Hypoglycemia/DKA/HHA
       • 4.4.10   Sepsis
       • 4.4.11   Shock
       • 4.4.12   Toxicological Events/OD

5.0   Communications
    5.1   Demonstrate the ability to use the local dispatch communications system.
    5.2   Demonstrate the ability to use a radio.
    5.3   Demonstrate the ability to therapeutically communicate with patients, bystanders, preceptors, fire personnel, law enforcement personnel, and other healthcare personnel.

6.0   EMS Field Objectives
6.1   Perform assessments, treatments, and interventions at EMT-Intermediate/AEMT student level of patients with various complaints.
    6.1.1   Must complete a minimum of fifteen (15) EMS transports, and at least five (5) of those transports must be advanced level.

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7.0 Infection control and safety
    7.1 Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations.
    7.2 Demonstrate the proper procedures to take for personal protection from disease.
    7.3 Demonstrate the use of protective equipment appropriate to the environment and scene.
    7.4 Demonstrate the ability to comply with body substance isolation guidelines.
    7.5 Demonstrate the donning and doffing of appropriate PPE.
    7.6 Demonstrate how to safely place a patient in, and remove a patient from, an ambulance.

8.0 Venous Access and Medication Administration
    8.1 Demonstrate cannulation of peripheral or external jugular veins.
    8.2 Demonstrate intraosseous needle placement and infusion.
    8.3 Demonstrate clean technique during medication administration.
    8.4 Demonstrate administration of meds via the following routes:
        8.4.1 Oral/Sublingual
        8.4.2 Inhalation
        8.4.3 Gastric tube
        8.4.4 Rectal
        8.4.5 Parenteral
        8.4.6 IVP
        8.4.7 Subcutaneous
        8.4.8 Intramuscular
        8.4.9 IV piggy back drip
        8.4.10 Nasal
    8.5 Demonstrate preparation and techniques for obtaining a blood sample.
    8.6 Demonstrate proper disposal of contaminated items and sharps.

9.0 Airway Management and Ventilation
    9.1 Perform body substance isolation procedures during basic airway management, advanced airway management, and ventilation.
    9.2 Perform pulse oximetry.
    9.3 Perform end-tidal CO_2 detection.
    9.4 Perform manual airway maneuvers
    9.5 Perform manual airway maneuvers for pediatric patients.
    9.6 Perform complete airway obstruction maneuvers.
    9.7 Demonstrate suctioning the upper airway.
    9.8 Perform tracheobronchial suctioning in the intubated patient.
    9.9 Demonstrate insertion of a nasogastric tube.
    9.10 Demonstrate insertion of an orogastric tube.
    9.11 Perform gastric decompression.
    9.12 Demonstrate insertion of an oropharyngeal airway.
    9.13 Demonstrate insertion of a nasopharyngeal airway.
    9.14 Demonstrate ventilating a patient.
    9.15 Perform oxygen delivery with an oxygen cylinder and various delivery devices.

9.16   Perform endotracheal intubation.
9.17   Perform assessment to confirm correct placement of the endotracheal tube.
9.18   Adequately secure an endotracheal tube.
9.19   Perform extubation.
9.20   Perform insertion of a Combitube or LMA.
9.21   Perform assessment to confirm correct placement of the Combitube or LMA.

10.0   Patient Assessment
10.1   Demonstrate the skills involved in performing each phase of the patient assessment skill.
10.2   Demonstrate a caring attitude when performing physical examination skills.
10.3   Demonstrate proficiency in the assessment of vital signs.
        10.4   Perform assessments on each of the following contact patient types:
        •   4.4.1   OB
        •   4.4.2   Newborn
        •   4.4.3   Chest Pain
        •   4.4.4   Acute Coronary Syndrome
        •   4.4.5   Cardiac Dysrhythmias
        •   4.4.6   Respiratory Distress/Failure
        •   4.4.7   Psychiatric/Behavioral
        •   4.4.8   Altered Mental Status
        •   4.4.9   Stroke/TIA
        •   4.4.10   Abdominal Pain
        •   4.4.11   Hypoglycemia/DKA/HHA
        •   4.4.12   Sepsis
        •   4.4.13   Shock
        •   4.4.14   Toxicological Events/Overdose

11.0   Communications
11.1   Demonstrate the ability to use the local dispatch communications system.
11.2   Demonstrate the ability to use a radio.
11.3   Demonstrate the ability to therapeutically communicate with patients, bystanders, preceptors, fire personnel, law enforcement personnel, and other healthcare personnel.

12.0   Foley catheterization
12.1   Demonstrate the proper technique and procedure for insertion of a Foley catheter.

13.0   Opthalmoscope/Otoscope
13.1   Demonstrate proper utilization of the opthalmoscope in patient assessment situations.
13.2   Demonstrate proper utilization of the otoscope in patient assessment situations.

14.0   Trauma
14.1   Demonstrate the assessment and management of patients with signs and symptoms of hemorrhagic shock.
14.2   Demonstrate the assessment and management of patients with signs and symptoms of external hemorrhage.
14.3   Demonstrate the assessment and management of patients with signs and symptoms

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of internal hemorrhage.

14.4 Demonstrate the assessment and management of a patient with signs and symptoms of soft tissue injuries.

14.5 Demonstrate the assessment and management of the burn patient.

14.6 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury.

14.7 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury.

14.8 Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of a spinal injury.

14.9 Demonstrate documentation of suspected spinal cord injury to include:

14.9.1 General area of spinal cord involved

14.9.2 Sensation

14.9.3 Dermatomes

14.9.4 Motor function

14.9.5 Area(s) of weakness

14.9.6 Before and after immobilization techniques

14.10 Demonstrate preferred methods for stabilization of a helmet in a potentially spine injured patient.

14.11 Demonstrate helmet removal techniques.

14.12 Demonstrate the following techniques of management for thoracic injuries:

14.12.1 Needle decompression

14.12.2 Elective intubation

14.12.3 ECG monitoring

14.12.4 Oxygenation

14.12.5 Ventilatory assistance

14.13 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma.

14.14 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury.

15.0 Pulmonary

15.1 Demonstrate proper use of airway and ventilation devices.

15.2 Conduct a history and patient assessment for patients with pulmonary diseases and conditions.

15.3 Demonstrate management and treatment of a patient with a pulmonary emergency.

15.4 Demonstrate management and treatment of a patient with shock related to pulmonary disorders.

16.0 Cardiology

16.1 Demonstrate how to set and adjust the ECG monitor settings to varying patient situations.

16.2 Demonstrate a working knowledge of various ECG lead system – 3 lead, 12 lead, 15 lead etc. and demonstrate interpretation of leads to identify the area and potential impact of a myocardial infarction.

16.3 Demonstrate how to record an ECG.

16.4 Perform, document and communicate a cardiovascular assessment.

16.5 Set up and apply a transcutaneous pacing system.

16.6 Assess and manage a patient with signs and symptoms of heart failure.

16.7 Demonstrate satisfactory performance of the following skills in the patient care

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environment:
    16.7.1 CPR
    16.7.2 Defibrillation
    16.7.3 Synchronized cardioversion
    16.7.4 Transcutaneous pacing
16.8 Demonstrate management and treatment of a patient with a cardiac emergency.
16.9 Demonstrate management and treatment of a patient with cardiogenic shock.

17.0 Neurology
    17.1 Perform an appropriate assessment of a patient with coma or altered mental status.
    17.2 Perform a neurological examination as part of the comprehensive physical examination of a patient with coma or altered mental status.
    17.3 Appropriately manage a patient with coma or altered mental status as indicated, including the administration of oxygen, oral glucose, 50% dextrose and narcotic reversal agents.
    17.4 Perform an appropriate assessment of a patient with syncope.
    17.5 Appropriately manage a patient with syncope.
    17.6 Perform an appropriate assessment of a patient with seizures.
    17.7 Appropriate manage a patient with seizures.
    17.8 Perform an appropriate assessment of a patient with a possible stroke. Appropriately manage a patient with a possible stroke.
    17.9 Demonstrate management and treatment of a patient with other types of neurological or spinal emergencies.

    17.10 Demonstrate management and treatment of a patient with shock related to neurological or spinal disorders.

18.0 Hematology
    18.1 Perform an assessment of the patient with a hematologic disorder.
    18.2 Appropriately manage a patient with a hematologic disorder.
    18.3 Demonstrate management and treatment of a patient with shock related to hematological disorders.

19.0 Infectious Disease
    19.1 Perform an assessment of a patient with infectious/communicable disease.
    19.2 Effectively and safely manage a patient with infectious/communicable disease.
    19.3 Demonstrate management and treatment of a patient with an infectious disease emergency.
    19.4 Demonstrate management and treatment of a patient with septic shock.

20.0 Behavioral/Psychiatric
    20.1 Demonstrate safe techniques for managing and restraining a violent patient.
    20.2 Demonstrate appropriate assessment techniques for the patient with a behavioral/psychiatric emergency.

21.0 Obstetrics/Gynecology
    21.1 Demonstrate proper assessment of a patient with a gynecological complaint.
    21.2 Demonstrate proper care of a patient with:
        21.2.1 Vaginal bleeding

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21.2.2 Abdominal pain

21.2.3 Sexual assault

21.3 Demonstrate proper assessment of an obstetric patient.

21.4 Demonstrate how to provide care for a patient with:

21.4.1 Excessive vaginal bleeding

21.4.2 Abdominal pain

21.4.3 Pregnancy induced hypertension

21.5 Demonstrate how to prepare the obstetric patient for delivery.

21.6 Demonstrate how to assess the patient in labor to include:

21.6.1 Fetal heart tones

21.6.2 Fetal position

21.6.3 Crowning

21.6.4 Maternal assessment

21.7 Demonstrate how to assist in the normal cephalic delivery of the fetus.

21.8 Demonstrate proper actions to be taken as the placenta delivers and management of the placenta.

21.9 Demonstrate how to deliver post-delivery care to the mother and neonate.

21.10 Demonstrate procedures for assisting with abnormal deliveries.

21.11 Demonstrate proper care of the mother with delivery complications.

22.0 Neonatology

22.1 Demonstrate preparation for management of the newborn.

22.2 Demonstrate appropriate assessment techniques for examining a newborn.

22.3 Demonstrate appropriate assisted ventilation of the newborn.

22.4 Demonstrate appropriate endotracheal intubation of the newborn.

22.5 Demonstrate appropriate insertion of an orogastric tube.

22.6 Demonstrate needle chest decompression for a newborn or neonate.

22.7 Demonstrate appropriate CPR techniques for the newborn.

22.8 Demonstrate vascular access cannulation techniques for a newborn.

22.9 Demonstrate initial steps in resuscitation of a newborn.

22.10 Demonstrate oxygen delivery techniques for a newborn.

23.0 Pediatrics

23.1 Demonstrate the appropriate approach for assessing and treating infants and children.

23.2 Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children.

23.3 Demonstrate appropriate techniques for assessing pediatric vital signs.

23.4 Demonstrate the use of a length-based resuscitation tape when treating an infant or child.

23.5 Demonstrate the appropriate approach for treating for treating infants and children with respiratory distress, failure, shock and arrest.

23.6 Demonstrate the appropriate use of airway adjuncts, both basic and advanced, for infants and children.

23.7 Demonstrate the proper placement of a gastric tube in infants or children.

23.8 Demonstrate appropriate techniques for gaining vascular access in infants and children.

23.9 Demonstrate the appropriate techniques for administration of medications by various routes.

23.10 Demonstrate the appropriate method for insertion of an intraosseous line.

23.11   Demonstrate proper assessment and management of infants or children with partially of completely occluded airways.

23.12   Demonstrate appropriate assessment and management of pediatric trauma victims to include:
23.12.1 Head injury
23.12.2 Chest injury
23.12.3 Abdominal injury
23.12.4 Extremity injury
23.12.5 Burns

23.13   Demonstrate appropriate parent/caregiver interviewing techniques for infant and child death situations.

23.14   Demonstrate proper infant and child CPR.

23.15   Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion.

24.0   Geriatrics
24.1   Demonstrate the ability to assess a geriatric patient.
24.2   Demonstrate the ability to adjust assessment and treatment of the geriatric patient.

25.0   Abuse and Assault
25.1   Demonstrate the ability to assess a spouse, elder or pediatric abused patient.
25.2   Demonstrate the ability to assess a sexually assaulted patient.

26.0   Chronically Ill Patients
26.1   Demonstrate proper care of a tracheostomy patient.
26.2   Demonstrate proper technique for drawing blood from a central venous line.
26.3   Demonstrate the method of accessing vascular access devices found in the home health care setting.
26.4   Demonstrate proper care of a peg tube.
26.5   Demonstrate proper care of the patient with a urinary catheter.
26.6   Demonstrate wound care in the bed bound or chronically ill patient.

27.0   Rescue Awareness and Operations
27.1   Demonstrate stabilization techniques for a vehicle involved in an MVC.
27.2   Demonstrate access techniques for a patient involved in an MVC.
27.3   Demonstrate techniques for accessing and moving patients in various situations such as high angle, water, enclosed spaces, etc.

28.0 EMS Field Objectives
28.1 Perform assessments, treatments, and interventions at Paramedic student level of patients with various complaints.

28.1.1   Must complete a minimum of twenty-five   (25) EMS transport PRIOR to those EMS rotations associated with Final Field Internship. Ten (10) must be advanced transport MINIMUM in the EMS Rotations Phase before FFI.

**AEMT/PARAMEDIC CLINICAL AND INTERNSHIP
OBJECTIVES SUMMARY BY DEPARTMENT**

Surgery/OR
Objectives

During the experience in the Surgery room, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform endotracheal suctioning.
- Maintain airway in an unconscious patient using manipulations and position of head, oropharyngeal airways, etc.
- Monitor vital signs of the surgical patient.
- Operate oxygen equipment and assist in the operation of the mechanical respirators.
- Perform endotracheal and supraglottic intubation.
- Perform peripheral IV insertion.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

Revised 11.19.2024

Pediatric Contact
Objectives

During the rotation experiences, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform patient assessment including relevant medical history and physical examination. The minimum should include taking and recording vital signs and auscultation of lung sounds.
- Assist in the management of febrile and seizure patients, if available.
- Initiate and monitor intravenous infusions, if available.
- Observe physiological differences in the pediatric patient.
- Prepare and administer intramuscular and IV medications, if available.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

Labor and Delivery Objectives

During the experience in the labor and delivery unit, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Identify and label the three stages of labor, common complications, and abnormal deliveries.
- Assist in normal cephalic deliveries.
- Observe and assist, if possible, in abnormal deliveries.
- Assist in the management of the newborn, including cutting the cord and suctioning.
- Assist in the resuscitation of the newborn.
- Observe and assist, if possible, the control of postpartum hemorrhage by uterine massage and infusion of oxytocin.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

Revised 11.19.2024

**Emerg
ency
Room
Object
ives**

During emergency room experience, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Perform patient assessment including relevant medical/trauma history and physical examination. The minimum should include taking and recording vital signs and auscultation of lung sounds.
- Assist and review the treatment of trauma cases and medical emergencies.
- Assist in triaging patients.
- Assist in hemorrhage control and splinting.
- Assist in the performance of CPR and basic airway management.
- Assist in the assessment and management of various medical/cardiac/trauma patients of all age groups.
- Assist in administration of various medications as allowed by ED staff and included in Paramedic curriculum.
- Perform peripheral IV insertions.
- Draw blood samples.
- Perform endotracheal and supraglottic intubations.*
- Prepare and administer intramuscular, subcutaneous, and IV medications.

(Appropriate meds for P1 and P2)

Paramedic II Only
- Record and interpret EKGs.
- Perform Defibrillation, Pacing and/or Cardioversion.
- Perform other Paramedic level skills included in Paramedic curriculum and for which the student has demonstrated entry level competence during PERCOM/PEMEC skills labs.

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**EMS and Final
Field Internship
Objectives**

During rotations, the AEMT and Paramedic student should practice under direct supervision and demonstrate proficiency for each of the following:

- Assist in daily EMS unit "check-out", crew and unit readiness activities. *
- Respond with assigned EMS crew on 911 and transfer type calls.
- Observe EMS operations for the entire shift and participate in all activities as allowed.
- Observe and participate as allowed and available in MCI or other complicated emergency response operations. *
- Perform patient assessment including relevant medical/trauma history and physical examination. The minimum should include taking and recording vital signs and auscultation of lung sounds.
- Assist and review the treatment of trauma cases and medical emergencies.
- Assist in triaging patients.
- Assist in and perform hemorrhage control and splinting.
- Assist in the performance of CPR and basic airway management.
- Perform and assist in the assessment and management of various medical/cardiac/trauma patients of all age groups.
- Assist in and perform administration of various medications as allowed by ED staff and included in Paramedic curriculum.
- Perform peripheral IV insertions.
- Draw blood samples.
- Perform endotracheal and supraglottic intubations.*
- Prepare and administer intramuscular, subcutaneous, and IV medications.

(Appropriate meds for P1 and P2)

Paramedic II Only
- Record and interpret EKGs.
- Perform Defibrillation, Pacing and/or Cardioversion.
- Perform other EMT, AEMT and Paramedic level skills included in curriculum and for which the student has demonstrated entry level competence during PERCOM/PEMEC skills labs.

Performance of skills contained in the clinical internship objectives shall be based on performance criteria established by standard medical practice and course medical director.

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Final Field Internship Objectives (Paramedic Only)

The Final Field Internship Phase for the Paramedic student is to be completed after all other clinical and EMS internship requirements are successfully met. This phase is specifically designed to determine "street readiness" for the Paramedic student as an entry level Paramedic practitioner. All Paramedic students must complete this phase successfully, as well as a final Graduate Interview with the course medical director's team member to be eligible for graduation regardless of prior performance in rotations or academic settings during the program. To successfully complete this phase, the Paramedic student must compete a minimum of twenty-five (25) "Team Leads",

> **Per accreditation standards, for a "Team Lead" to count it must reflect the breadth of the Paramedic training profession. To achieve this, the Paramedic student's preceptor must grade it as a "successful" Team Lead, and the student must accompany the transport team to a higher level of care and function as a Team Leader. This is usually transport to the hospital but could include transport to a landing zone to meet aeromedical IF advanced level patient care was administered by the ground EMS team with the student as Team Leader. It could also include a resuscitation worked on scene with termination IF an advanced or alternative airway and electrical and pharmacological interventions were administered with the student as Team Leader.**

> *Team Leadership Objective: The student has successfully led the team if he or she has conducted a comprehensive assessment (not necessarily performed the entire interview or physical exam, but rather been in charge of the assessment), as well as formulated and implemented a treatment plan for the patient. This means that most (if not all) of the decisions have been made by the student, especially formulating a field impression, directing the treatment, determining patient acuity, disposition and packaging/moving the patient (if applicable). Minimal to no prompting was needed by the preceptor. No action was initiated/performed that endangered the physical or psychological safety of the patient, bystanders, other responders or crew. (Preceptors should not agree to a "successful" rating unless it is truly deserved. As a general rule, more unsuccessful attempts indicate willingness to try and are better than no attempt at all.) To be counted as a Team Lead the Paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity, formulate a treatment plan, direct the treatment, and direct and participate in the transport of the patient to a medical facility, transfer of care to a higher level of medical authority, or termination of care in the field*

> **Final determination of whether the call will count as a "Team Lead" rests with the Clinical Coordinator.**

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STUDENT EVALUATION OF PRECEPTOR/SITE

You MUST complete one of these forms for each of your clinical or internship sites if you are NOT able to complete the preceptor/site evaluation inside Platinum Planner. We would like to know when you have good experiences as well as bad ones. This will help guide us in making improvements to our preceptor training, site selection process, etc. Your comments will remain anonymous, and your name will not be reported to the site or the preceptors.

1. Name of Clinical or Internship Site:

2. Location within site (ED, OB Department, Station or Unit #, etc.):

3. Name and certification or licensure level of preceptor:

4. On a scale of 1 – 5 (with one being poor and 5 being the best), how would you rate your experiences and treatment at this site?

1=poor or not beneficial 2=slightly beneficial 3=good, beneficial
4=above average or very beneficial 5=excellent, extremely beneficial

5. Also using a scale of 1-5, please rate your designated preceptor for the shift.

1=not professional, not helpful, or did not seem comfortable with students
2=seemed professional but was not very helpful or was uncomfortable with students
3=seemed professional and facilitated skills opportunities during the rotation
4=very professional and worked closely with the student during the rotation to facilitate skills opportunities and provided guidance
5=extremely professional and helpful, guided and taught the student as well as provided skills opportunities

6. Do you have any suggestions or comments regarding this clinical or internship site, or specific comments regarding your preceptor?

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PRECEPTOR VERIFICATION FORM – MANDATORY FOR EVERY SHIFT

Date:_____   **Site/Agency Name:** _____

Rotations Start Time:_____   **Rotation End Time:** _____

Student Printed Name: _____

I,_____(preceptor printed name) verify that this student completed the rotation listed above and that he/she has given me the opportunity to evaluate his/her performance and data/paperwork in platinumplanner.com or on paper in the event of internet or device failure or if I am uncomfortable or unsure about completing the student's review and evaluation in Platinum Planner.

_____
Preceptor Signature

(NOTE: If you, the preceptor, are unsure of how to evaluate, would like to discuss the student's performance or behavior, or do not wish to utilize the methods provided by the student for ANY reason, please email or call the Clinical Coordinator for PERCOM EMS Medical Education Consortium with the information given below. (Feel free to tear off the bottom part of this sheet to save this information for use.

We also may be contacting you directly or your site to verify that you are the preceptor for this student's shift and experiences as a quality assurance and security measure. THANK YOU!!!)

PERCOM's Clinical Coordinator is Tammy Williams. Telephone: 903/407-1563
Email: clinicalcoordinator@percomonline.com

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